

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038857

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 5708 Registrar's No. 22

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 29 1963

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where Deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WILLIAMS		c. CITY OR TOWN COLE CAMP	
Length of stay in 1b LIFE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. N.E. Cole CAMP		d. STREET ADDRESS (If outside, give location) 6 mi. N.E. Cole CAMP	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Holda CATHERINE BAHRENBURG			4. DATE OF DEATH OCT. 22, 1963		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-12-1906	9. AGE (last birthday) 57 Yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE KEEPING		11. BIRTHPLACE (City and state or country) Cole CAMP, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME AUGUST HOLTZEN		13b. MOTHER'S MAIDEN NAME EMMA SCHNAKENBERS	
14. NAME OF HUSBAND OR WIFE LOUIS BAHRENBURG		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		16. SOCIAL SECURITY NO. LOUIS BAHRENBURG, Cole CAMP, MO. RT.3	
17. INFORMANT LOUIS BAHRENBURG, Cole CAMP, MO. RT.3		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY PARALYSIS DUE TO (b) PULMONARY EDEMA DUE TO (c) CARCINOMATOSIS		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF THE COLON	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Feb. 1963 to Oct. 22 and last saw her alive on Oct. 22, 1963 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Arturo Gonzalez		22b. ADDRESS Cole Camp, Mo.		22c. DATE SIGNED 10/22/63	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-24-1963		23c. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEMETERY	
23d. LOCATION (City, town, or county) BENTON COUNTY		23e. STATE MO.		23f. DATE RECD. BY LOCAL REG. OCT 29, 1963	
24. FUNERAL DIRECTOR CHARLES F. FOX		ADDRESS Cole CAMP, MO.		25. REGISTRAR'S SIGNATURE E. L. Eckhoff	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Cole Camp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Approved by [Signature] 2/21/52